

APPLICANTS MUST PROVIDE THE FOLLOWING

2. CERTIFICATION

- (a) Applicants for licensure by NATIONAL BOARD WAIVER must furnish "Certification of Record" direct from the National Board of Medical Examiners, 3930 Chestnut Street, Philadelphia, Penn. 19104, OR the National Board of Examiners for Osteopathic Physicians & Surgeons, 22 S. Washington St., Park Ridge, Ill., 60068.
- (b) Applicants for licensure by FLEX WAIVER must furnish examination results direct from FLEX office, 2626- B West Freeway, Fort Worth, Texas 76102.
- (c) Applicants for licensure by L.M.C.C. must furnish certification direct from The Medical Council of Canada, 1867 Alta Vista Dr., Box 8234, Ottawa, Ontario K1G 3H7.
- (d) Applicants for licensure by STATE RECIPROCITY must have Page 4 of the application completed.

3. MEDICINE ONLY

- (a) Copy of diploma issued by a medical school approved by the Board of Medical Examiners.
- (b) Certificate showing completion of one year of postgraduate medical training in a program acceptable to the Board.
- (c) Foreign medical graduates must submit proof of medical school curriculum meeting the requirements of the Washington Medical Practice Act, RCW 18.71.055.
- (d) Foreign medical graduates must provide their **original** standard E.C.F.M.G. certificate.
- (e) Two (2) letters of recommendation attached to this application.
- (f) See accompanying EXCERPTS for more detailed information.

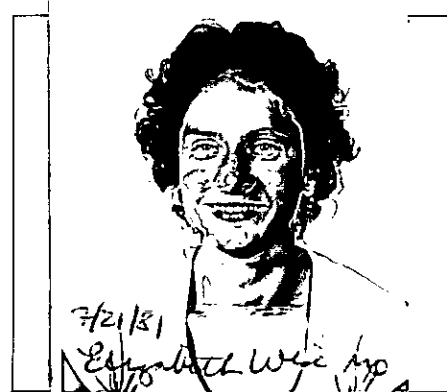
4. OSTEOPATHIC MEDICINE AND SURGERY ONLY

- (a) Copy of diploma issued by a legally chartered school of osteopathic medicine and surgery.
- (b) Certificate showing completion of one year of internship in any nationally accepted approved one year internship program; or the first year of a residency program approved by the American Osteopathic Association, the American Medical Association or by their recognized affiliate residency accrediting organizations.
- (c) Two (2) letters of recommendation attached to this application.
- (d) See accompanying EXCERPTS for more detailed information.

5. IN ADDITION TO the requirements listed above, graduates of U.S. and Canadian medical schools and osteopathic schools must provide official transcripts direct from their school of graduation. Transcripts will NOT be accepted from the applicant.

IDENTIFICATION

HEIGHT 5' 4"	WEIGHT 130 lb.
COLOR OF EYES blue	COLOR OF HAIR brown



PERSONAL DATA

If any of the following questions are answered "Yes", full details must be furnished on a separate (8 1/2 x 11 inch) sheet and attached to this application.

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 1. Have you ever been called before any state board for interrogation concerning any violation of the laws or rules pertaining to the profession for which you are applying or unethical conduct? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Have you ever been convicted of a felony or misdemeanor other than traffic violations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you ever been convicted of a violation of any state or federal Controlled Substances Act, or any drug or narcotic law? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have you ever had a license to practice revoked or suspended? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you ever been addicted to or treated for addiction to any controlled substance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Have you ever received psychiatric treatment or received treatment for a mental illness? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Have you ever been denied the right to take an examination for licensing in any state? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Are you presently suffering from any disability or illness which could affect your ability to safely practice medicine? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. List any malpractice actions that have been filed against you, including the nature of the case, date and address of court where it is filed, and case status. | | |

Applicants for licensure by STATE RECIPROCITY must provide the following certification.

To be executed by the Secretary of the Board or Department of the State upon whose license the applicant relies for reciprocal registration in Washington. (To be completed only if license was obtained by written examination).

I certify that the aforesaid in h..... examination before the

of this state attained a general average of percent (or FLEX WEIGHTED AVERAGE OF percent) and the following marks in the subjects named:

Subject	Percent	Subject	Percent

If FLEX examination please provide the following averages for each day.

DAY I DAY II DAY III
BASIC SCIENCES CLINICAL SCIENCES CLINICAL COMPETENCE

I do further certify that a certificate to practice
was issued to said applicant on the day of, 19....., upon the following qualifications:

and said certificate has not been revoked or suspended and that, from the records now on file in this office, I believe h..... to be of good moral character and worthy of professional recognition, and recommend h..... to the Division of Professional Licensing of the State of Washington as a fit and proper person to receive recognition as an applicant for a reciprocity certificate permitting h..... to practice

In testimony thereof, witness my hand and seal this day of, 19.....

[SEAL]

SECRETARY OF THE
POST OFFICE ADDRESS

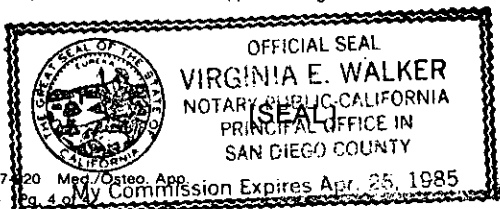
AFFIDAVIT

I, Elizabeth Franzi Wike , being first duly sworn, depose and say that I am the person described and identified; that I am of good moral character; that I have not engaged in any of the acts prohibited by the statutes of the State of Washington; that I am the person named in the diploma which accompanies this application; that I am the lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentations.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of my professional, ethical and physical qualifications for licensure in the State of Washington. I understand the Board may request a physical or mental evaluation to determine my fitness for practice.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice in the State of Washington.

Elizabeth Franzi Wike
applicant's signature



Subscribed and sworn to before me this 21st day of July, 1981
Virginia E. Walker
Notary Public for the state of California
Residing at San Diego, Ca

MEDICAL BOARD WORKSHEET

NAME Elizabeth Franzi Wise

DATE OF RECEIPT 7/29/81

DATE OF BIRTH 11/11/53

1. LICENSURE BY

a) National Board Waiver

NRW

b) Reciprocity from _____

c) FLEX Waiver

d) LMCC

e) Examination

2. FEE

3. ADDITIONAL PHOTOGRAPH

4. PROOF OF EDUCATIONAL EXPERIENCE

a) Medical School Diploma

b) Transcripts

c) Postgraduate Medical Training

d) Chronology

NRW

5. Personal Qualifications

6. FOREIGN GRADUATE

a) ECFMG

b) Medical School Subjects

7. LETTERS OF RECOMMENDATION

8. AFFIDAVIT

9. STATE CLEARANCE M1d. 7/29/81

NRW

10. AMA CLEARANCE M1d. 7/30/81

ADMINISTRATIVE RECOMMENDATION _____

BOARD ACTION

	LICENSE	EXAM
APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DISAPPROVED	<input type="checkbox"/>	<input type="checkbox"/>
PENDING	<input type="checkbox"/>	<input type="checkbox"/>

DATE 9-2-81
J Redmond

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF DATA RELEASE SERVICES

DATE: 08-13-81
TIME: 6:04 PM

NAME: WISE, ELIZABETH FRANZI, M.D. ✓
ADDRESS: 4077 HAMILTON ST APT 16
BIRTHPLACE: CHICAGO, IL
MEDICAL EDUCATION (SCHOOL YEAR):
HARVARD MED SCH, BOSTON MA 02115
NATIONAL BOARD CERTIFICATION: 1979
LICENSES:

SAN DIEGO CA
BIRTHDATE: 11/14/53 ✓

92104

1978 ✓

CA 1979 ✓

PHYSICIAN'S PROFESSIONAL ACTIVITIES:

OFFICE BASED PRACTICE

PRIMARY SPECIALTY: FAMILY PRACTICE

SECONDARY SPECIALTY: UNSPECIFIED

TERTIARY SPECIALTY: UNSPECIFIED

SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE

MEMBER OF AMA: NOT MEMBER

NATIONAL SCIENTIFIC MEDICAL SOCIETIES:

AMERICAN ACADEMY OF FAMILY PHYSICIANS

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

CURRENT MEDICAL TRAINING: RESIDENT

HOSPITAL: UC-SAN DIEGO AFFIL HOSPS SAN DIEGO CA 92103

DATES OF TRAINING: 07/79-06/81

SPECIALTY: FAMILY PRACTICE

SPECIALTY: UNSPECIFIED ✓

INTERNSHIP:

HOSPITAL: UC-SAN DIEGO AFFIL HOSPS SAN DIEGO CA 92103

DATES OF TRAINING: 07/78-06/79

SPECIALTY: FAMILY PRACTICE

SPECIALTY: UNSPECIFIED

RESIDENCY:

NONE REPORTED TO DATE

Wise, E.F.

COPYRIGHT 1981 AMERICAN MEDICAL ASSOCIATION **AMA FILES CHECKED** SEE REVERSE

RECEIVED
AUG 18 1981
DIVISION OF
PROFESSIONAL LICENSING

AMA PHYSICIAN PROFILE (CONTINUED)

IT IS MUTUALLY AGREED BETWEEN THE AMERICAN MEDICAL ASSOCIATION (AMA) AND THE REQUESTING ORGANIZATION THAT THIS PHYSICIAN PROFILE (SEE REVERSE) IS PROVIDED TO THE REQUESTING ORGANIZATION WITH THE UNDERSTANDING THAT (1) THE INFORMATION ON THE PROFILE WILL BE TREATED WITH TOTAL CONFIDENTIALITY; (2) THAT SUCH INFORMATION IS GRANTED SOLELY TO THE REQUESTING ORGANIZATION AND IS GRANTED AS A NON-EXCLUSIVE LIMITED LICENSE, CONSISTENT WITH AND LIMITED TO THE SPECIFIC PURPOSES SET FORTH ON THE PHYSICIAN PROFILE REQUEST FORM; (3) THAT NO PROFILE INFORMATION WILL BE RELEASED, COPIED, EXTRACTED OR OTHERWISE USURPED FOR THE USE BY ANY OTHER PARTY, ENTITY, ORGANIZATION OR GOVERNMENT AGENCY; AND (4) THAT UPON A BREACH OF ANY OF THE FOREGOING COVENANTS OR UPON THE EFFECTIVE DATE OF ANY STATUTE, REGULATION OR COURT DECISION MANDATING ANY DISCLOSURE WHATSOEVER OF SUCH PROFILE INFORMATION BY THE REQUESTING ORGANIZATION, SUCH LICENSE TO USE AND POSSESS THE PROFILE SHALL BE AUTOMATICALLY AND IMMEDIATELY TERMINATED AND THE PROFILE AND ANY INFORMATION OR DATA CONTAINED THEREON OR, IN ANY WAY, DERIVED THEREFROM SHALL BE RETURNED TO THE AMA IMMEDIATELY, BUT, IN NO EVENT, LATER THAN 48 HOURS AFTER SUCH AUTOMATIC TERMINATION.

PHYSICIAN PROFILE REQUEST FORM
NOV 19 1988



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

(916) 920-6343



RECEIVED

AUG 17 1981

MEDICAL LICENSING BOARD OF INDIANA

August 10, 1981

Indiana Medical Licensing Board
700 North High School Road, Ste. 201
Indianapolis, IN 46224

THIS IS TO CERTIFY THAT Dr. Elizabeth F. Wise was issued California physician's and surgeon's certificate # G 40393 on 7/30/79 based on:

- National Board Credentials; no further examination was required.

And that license and disciplinary action status is as indicated.

LICENSE STATUS:

- The license is current and renewal fees are paid through 11/30/82.

DISCIPLINARY STATUS:

- There is no record of accusation and/or disciplinary activity.

Wise, E.F.

Marc E. Grimm
 Marc E. Grimm, Chief
 Bureau of Medical Statistics
 BOARD OF MEDICAL QUALITY ASSURANCE

RECEIVED
 AUG 24 1981
 DIVISION OF
 PROFESSIONAL LICENSING

SEAL



STATE OF WASHINGTON

Dixy Lee Ray
Governor

DEPARTMENT OF LICENSING

P.O. Box 9649, Olympia, Washington 98504

RECEIVED

AUG 17 1981

MEDICAL LICENSING
BOARD OF INDIANA

July 29, 1981

California Board of
Medical Quality Assurance
1430 Howe Ave.
Sacramento, CA 95825

Dear Sir:

The following medical doctor has made application for license to practice
Medicine and Surgery in the State of Washington:

Elizabeth Franzi Wise M.D. Date of Birth 11/11/53

The doctor advises that he is licensed to practice his profession in your
state. To assist us in evaluating his application, we would appreciate
receiving the following information.

License No. G040393 Date of Issue 1979

Is license current? Yes No

License issued on basis of National Boards Exam

Reciprocity with Other

Has this physician ever been cited before your Board? Yes No
If yes, please attach information.

Signature

Title

State Board

Sincerely,

JOAN BAIRD
ADMINISTRATOR

ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
 OF THE
 UNITED STATES OF AMERICA

Elizabeth Franz Wise, M.D.
 having satisfied all the requirements and having successfully passed the examinations, is
 hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: WILLIAM B. HOLDEN
 Chairman of the Board

SEAL EDITHE J. LEVIT
 President of the Board

Philadelphia, Pa. 07/02/79 Cert. # 193315

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician
 a graduate of HARVARD MEDICAL SCHOOL in
JUNE 1978 whose birth date is 11/11/1953 following successful completion
 of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

	Standard Score	Scale Score
<u>PART I passed 06/76</u>		
Anatomy, incl. histology and embryology	590	86
Physiology	660	91
Biochemistry	575	85
Pathology	455	77
Microbiology, incl. Immunology	520	82
Pharmacology and Materia Medica	530	83
Behavioral Sciences	530	82
(Minimum Passing Grade: 380/75) TOTAL GRADE/AVERAGE	565	84
<u>Part II passed 04/77</u>		
Internal medicine and the medical specialties	510	83
Surgery and the surgical specialties	525	83
Obstetrics and Gynecology	615	88
Public Health and Preventive Medicine	710	92
Pediatrics	545	84
Psychiatry	580	86
(Minimum Passing Grade: 290/75) TOTAL GRADE/AVERAGE	600	86
<u>PART III passed 03/79</u>		
A General Test of Clinical Competence	555	84.1
(Minimum Passing Grade: 290/75) AVERAGE		
<u>GENERAL AVERAGE (Parts I, II, and III)</u>		<u>84.7</u>
		(Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents

*Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

Ann K. Averling
 Secretary for Certification
07/29/81

SEAL

Date



VNIVERSITAS HARVARDIANA

CANTABRIGIAE IN REPVBLICA MASSACHVSETTENSIVM

PRAESES et Socii Collegii Harvardiani consentientibus
honorandis ac reverendis Inspectoribus in comitiis
sollemnibus

ELIZABETH FRANZI WISE

ad gradum Medicinae Doctoris

admiserunt eique dederunt et concesserunt omnia insignia
et iura quae ad hunc gradum spectant.

In cuius rei testimonium litteris Academiae sigillo munitis
die VIII Iunii anno Domini MDCCCCLXXVIII Collegiique
Harvardiani CCCXXXII auctoritate rite commissa nomina
subscripserunt.

Dech Curtis Bok

PRAESES

Daniel Charles Tateson
DECANVS ORDINIS MEDICINAE



PRINCIPAL OFFICE IN
SAN DIEGO COUNTY

My Commission Expires Apr. 26, 1985

State of

California

County of

San Diego

ss.

I, VIRGINIA E. WALKER, a Notary Public in and for said County and State, do certify that on the 21st day of July,

1981, I carefully compared the attached copy of Medical School Diploma with the original thereof, and that the same is a complete, full, true and exact copy of said original.

Witness my hand and official seal.

Virginia E. Walker





HARVARD MEDICAL SCHOOL
25 Shattuck Street
Boston, Massachusetts

Transcript of record of Elizabeth Franzl Wise

RECEIVED
AUG 1981
DIVISION OF PROFESSIONAL LICENSING

1974-1975			1975-1976		
	Hours			Hours	
HST 010 (Anatomy)		S	HST 040 (Microbiology)		S
HST 030 (Pathology)		S	HST 100 (Pathophysiology)		S
HST 141 (Pathophysiology)		S	HST 110 (Pathophysiology)		S
Anatomy 901.0		S	HST 130 (Neural science)		S
HST 021 (Pathophysiology)		S	Psychiatry 700a.0		S
HST 900 (Economics)		S	Prev. & Soc. Med. 717.0		S
Prev. & Soc. Med. 903.0		E	HST 910 (Ethics)		E
HST 020 (Pathophysiology)		S	Psychiatry 901M.0		S
HST 060 (Pathophysiology)		S	Surgery 900.3		S
HST 070 (Pathophysiology)		S	Pathology 701.0		S
HST 080 (Pathophysiology)		S	Pharmacology 700.0		S
HST 090 (Pathophysiology)		S	Dermatology 501M.J		S
HST 120 (Pathophysiology)		S	Psychiatry 714.3		S
Prev. & Soc. Med. 507M.40a		S	Intro. to Clin. Med. 700M.4		S
			Ophthalmology 501M.8		E
1976-1977			1977-1978		
	Hours			Hours	
Radiology 500M.7		S	Medicine 522M.13		E
Medicine 500M.4		S	Medicine 535M.11		S
Pediatrics 500M.3a		E			
Obstetrics & Gynecology 500M.1		S			
Surgery 500M.3		E			
Psychiatry 500M.9		E			
Medicine 502M.14		S			
Neurology 500M.1		S			

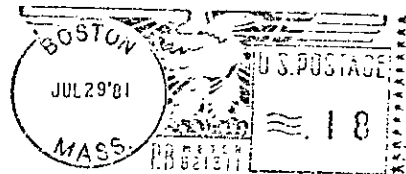
Grading System: E = Excellent; S = Satisfactory; U = Unsatisfactory.
P = Passing; U = Unsatisfactory.

REMARKS: She was awarded the M.D. degree by Harvard University on 8 June 1978.

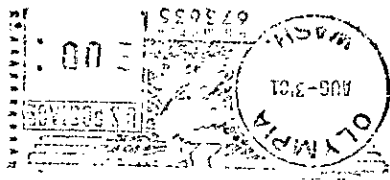
Date July 28, 1981

Audrey Noreen Koller
Audrey Noreen Koller Registrar

HARVARD MEDICAL SCHOOL
OFFICE OF THE REGISTRAR
25 SHATTUCK STREET
BOSTON, MASSACHUSETTS 02115



Department of Licensing
Division of Professional Licensing
P.O. Box 9649
Olympia, Washington 98504



UNIVERSITY OF CALIFORNIA SAN DIEGO
SCHOOL OF MEDICINE

CERTIFICATE OF POSTGRADUATE MEDICAL STUDY

This is to certify that

Elizabeth Franzi Wise, M.D.

has successfully completed academic and clinical studies as

First Year Resident in Family Practice

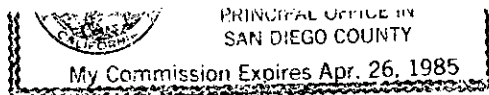
at the University of California from June 24, 1978 to June 27, 1979

John H. ...
DEAN



Anis A. Howell M.D.
CHAIRPERSON OF DEPARTMENT

Carl W. ...
HEAD OF THE DIVISION



State of

California

County of

San Diego

ss.

I, VIRGINIA E. WALKER, a Notary Public in and for said County and State, do certify that on the 21st day of July 1981, I carefully compared the attached copy of Medical School Diploma with the original thereof, and that the same is a complete, full, true and exact copy of said original.

Witness my hand and official seal.

Virginia E. Walker



LETTER OF RECOMMENDATION

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known Elizabeth Franzi Wise
for 3 years, from 1978 to 1981
during which period she was engaged in the study or active practice
of medicine. To the best of my knowledge she is of good moral
and professional character, is free from habits which might inter-
fere with her professional activities and is worthy of holding a
license to practice medicine in the State of
Washington.

PLEASE PRINT OR TYPE

Name William A. Norcross, M.D.
Title Chief, Division of Family Medicine, UCSD School of
Capacity in which applicant known resident in Family Medicine
Medicine
Address Family Medical Center, 225 Dickinson, San Diego
Licensed under laws of California Calif. 92103
To practice medicine

Please comment on applicant's professional character and ethics:

Elizabeth is one of the few truly
outstanding physicians that has graduated
from our program. Her professional and
ethical character is unquestionably of the
highest caliber.

William A. Norcross M.D.

LETTER OF RECOMMENDATION

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known Elizabeth Franzi Wise
for 3 years, from 6/78 to 7/81
during which period she was engaged in the study or active practice
of medicine. To the best of my knowledge she is of good moral
and professional character, is free from habits which might inter-
fere with her professional activities and is worthy of holding a
license to practice medicine in the State of
Washington.

PLEASE PRINT OR TYPE

Name M. Scott Willson MPH M.D. ASST. PROFESSOR

Title RESIDENCY DIRECTOR - FAMILY MEDICINE

Capacity in which applicant known Attending physician

Address UNIVERSITY HOSPITAL 225 W. DICKENSON ST SAN DIEGO

Licensed under laws of CALIF.

To practice MEDICINE

Please comment on applicant's professional character and ethics:

EXCELLENT!

M. Scott Willson
Signature



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

P.O. Box 9649, Olympia, Washington 98504 **July 30, 1981**

Elizabeth F. Wise, M.D.
4077 Hamilton St. #16
San Diego, CA 92104

Dr. Wise

Thank you for your medical application received in this office 7/29/81.
The next meeting of the Board will be held on 9/11,12/81 at which
time your application will be reviewed, if complete. You will be advised of
board decision approximately two weeks after the board meeting.

Application appears complete ()

Lacks the following ()

FLEX Certification
LMCC Certification
State Board Certification
National Board "Certification
of Record"

Postgraduate Training
Medical School Diploma
Medical School Subjects (MED-5)
Original E.C.F.M.G. Certificate
Other Medical school trans-
cript, sent by the school.

Copies of all documents must be certified as true.

Applications not complete prior to board meeting date indicated above, will
be placed in our inactive file.

Remarks: _____

Sincerely

Carol Berry
Carol Berry
Medical Section
Professional Licensing Division
(206) 753-2205

BUSINESS & PROFESSIONS SYSTEM
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TRANS (3) **114**

PROF. CODE (4) **25209**

PIC/CIC (5)

DOCUMENT EXPIRATION DATE(9) & TYPE (10)

MONEY CTL (6) **072981** **5244** **15000**

STATUS (11) **1** TYPE (12) **1** KEY D (13) **111153** CLASS (14) ASSN (15)

BILL (16) **15000** SIGN (42) SPLIT (43) QTRD (56)

NAME (17) **WISE, ELIZABETH FRANZ I**
MAILING ADDRESSES (18-44)

1 **4077 HAMILTON ST #16**
2
3
CITY (46) **SAN DIEGO**

STATE (47) **CA** ZIP (48) **92104** CNTY (49) **51**

ADDITIONAL ADDRESSES (19-50-51)

1
2
3
CITY (52)

STATE (53) ZIP (54) CNTY (55)

RELATIONSHIP POINTER DATA

REV CODE (20) PIC/CIC (21)

NAME (22)
DOING BUSINESS AS (23)
1-30
31-49

PHONE (25) SSN (26) TAX NO. (27)

EXAM DATE (28) LOCATION (29) CERT DATE (30) CERT NO. (31)

VOTER DISTRICT (32) TITLE (33) GRAD YR/SCH (34) **00410** LAST ISSUE DATE (35)

FIRST ISSUE DATE (37) BOND DATE (38) BOND TYPE (39) INS. DATE (40) INS. TYPE (41)

721
7/29/81

Redaction Summary (1 redaction)

1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)



Page 1, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance